



NATIONAL WEATHER SERVICE

1733 Lake Drive West
Chanhassen, Minnesota
www.weather.gov/twincities
952-361-6671

OPEN AIR VENUE - StormReady SUPPORTER APPLICATION

Applicant: MINNESOTA TWINS Venue/County: TARGET FIELD
Contact: DAVE HORSMAN Title: SENIOR DIRECTOR, BALLPARK OPERATIONS
Address: 1 TWINS WAY
Phone(s): 612-659-3652
E-mail: DAVEHORSMAN@TWINSBASEBALL.COM

Criteria

Complete

SECTION 1 – COMMUNICATIONS		
1-1	Facility Warning Center established.	<input checked="" type="checkbox"/>
1-2	Communication methods with local Emergency Management Agency (preferably more than one) (check all that apply): <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Pager <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Radio <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/>
SECTION 2 – RECEPTION OF NWS INFORMATION		
2-1	NOAA Weather Radio All Hazards in Facility Warning Center and throughout critical locations. Number of NOAA Weather Radios: <u>3</u>	<input checked="" type="checkbox"/>
2-2	Other methods of receiving NWS Messages / Watches / Warnings --- Check all that apply (Need two methods in addition to NOAA Weather Radio All Hazards): <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Pager <input checked="" type="checkbox"/> Cell Phone <input type="checkbox"/> Scanner <input checked="" type="checkbox"/> TV/Cable <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/>
2-3	Methods during off duty hours: <u>WEATHER RADIO, INTERNET, TV/CABLE</u>	<input checked="" type="checkbox"/>
SECTION 3 – MONITORING OF LOCAL WEATHER CONDITION METHODS		
3-1	Access to NWS radar data in Facility Warning Center. <u>YES</u>	<input checked="" type="checkbox"/>

3-2	Check all that apply (need at least three): <input checked="" type="checkbox"/> Rain Gauge <input type="checkbox"/> Stream Gauge <input checked="" type="checkbox"/> Wind Gauge <input checked="" type="checkbox"/> Internet Sites <input checked="" type="checkbox"/> Trained Observers <input checked="" type="checkbox"/> Lightning Detection Network <input type="checkbox"/> Other: _____	✓
3-3	Monitoring during off duty hours: INTERNET, TV/CABLE, WEATHER RADIO	✓
SECTION 4 – DISSEMINATION OF WARNINGS TO EMPLOYEES/CUSTOMERS		
4-1	Demonstrate the ability to distribute weather information to staff and attendees and direct people appropriately on what to do and where to go. Check all that apply (need at least three): <input type="checkbox"/> Siren <input checked="" type="checkbox"/> Video Screen <input checked="" type="checkbox"/> PA System <input type="checkbox"/> Pager <input checked="" type="checkbox"/> Two-way Radio <input checked="" type="checkbox"/> Other: DISTRIBUTED TV <input checked="" type="checkbox"/> All shelter areas designated and clearly marked	✓
4-2	Methods during off duty hours: P.A SYSTEM, TWO-WAY RADIO, CELL PHONES	✓
SECTION 5 – PREPAREDNESS		
5-1	Hazardous weather training to key personnel (attach documentation).	✓
5-2	Public weather safety campaigns should be conducted outlining applicable weather hazards and protective actions.	
5-3	Other preparedness activities (describe).	
SECTION 6 – ADMINISTRATIVE		
6-1	Established All Hazards Emergency Operations Plan (EOP). EOP must be current within two years. YES	✓
6-2	EOP includes weather hazards. YES	✓
6-3	EOP includes contact names and phone numbers for local Emergency Management and the National Weather Service. YES	✓
6-4	EOP includes 24 hour emergency contact list. YES	✓
6-5	EOP has been exercised within the last two years. Date: 3/24/10	✓
6-6	Staff trained and proficient in EOP. Date all staff completed training: ONGOING - TBD COMPLETION 3/30/11	✓

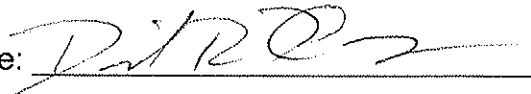
6-7	EOP coordinated with first responders and local Emergency Management Agencies (check all that apply): <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> EMS _____ Other: _____	✓
6-8	Copy of this application provided to local Emergency Management Director.	✓
6-9	Safety Manager and Alternate have toured the National Weather Service. Date: _____	
6-10	Safety Manager and Alternate have conducted a tour of facility with first responders. Date: <u>MULTIPLE TOURS OVER LAST 1-8 MONTHS</u>	✓
6-11	StormReady Advisory Board has toured the facility before StormReady Supporter declaration has been made. Date: <u>3/7/2011</u>	✓

SECTION 7 - FACILITY INFORMATION

7-1	Largest number of employees on site at any one time: <u>2,000</u>	
7-2	Largest number of customers or visitors on site at any one time: <u>40,000</u>	
7-3	Approximate size of facility: <u>1 MILLION SQUARE FEET</u>	(sq ft / acres)
7-4	Approximate number of permanent structures at facility: <u>1</u>	

SECTION 8 - OTHER

8-1	List any other unique requirements (attach any additional documentation as needed)	
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Applicant Signature:  Date: 3/7/11

Signatures of Site Visit Team: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Signature: _____ (NWS Approving Official)

Date: _____ (StormReady Supporter Certified)

